FACILITY NAME: IAD000819110 SQUARE D CO

LOCATION:

3700 6TH ST SW

RCRA ID #:

CEDAR RAPIDS-IA-52404



IMPACT OF FLOOD AND RAIN QUESTIONNAIRE RCRA PROGRAM

1. Is this facility located within approximately 1/2 mile of a river, creek or stream? YES or NO? If YES, what is the name if known?
2. Are there any visual signs that the facility was affected by flood waters? YES of NO? If YES, describe:
·
Was the facility damaged by the flood water or rain? YES or NO? If YES, generally describe the damage.
·
IF THE ANSWER TO QUESTION #3 IS NO, STOP HERE.
4. Was there any damage to inventories, products or waste at the facility that would have caused the facility to generate hazardous waste? YES or NO?
5. Were there any release of hazardous material as a result of the flooding? YES or NO? If yes, describe:
•
6. If the answer to question #5 is YES, has remedial activity occurred to address the releases? YES or NO? If YES, describe:
7. Were there any circumstances (e.g. design criteria) or actions that the facility took that were useful in preventing potential releases or generation of hazardous materials? YES or NO? For the purpose of this question, we are looking for the "lessons learned" that may be useful in future guidance, etc. If YES, describe:
RCRA FILE COP 1/A DOOR 19

RCRA RECORDS CENTER

FACILITY NAME: LOCATION: RCRA ID #: IF THE ANSWER TO QUESTION #4 IS NO, STOP HERE.	
IF THE ANSWER TO OUESTION #4 IS NO. STOP HERE.	
IF THE ANSWER TO OUESTION #4 IS NO. STOP HERE.	
8. Is the facility currently storing hazardous waste generate as a result of the flood? YES or NO? Is the storage area located inside or outside or both? INSIDE (I), OUTSIDE (O) or BOTH (B)? Describe the type and amount of hazardous waste in storage.	ed
TYPE AMOUNT I, O or	В
Examples: Contaminated MEK Cleaning Products Cleaning Products	
9. Did the facility generate hazardous waste as a result of t flood that was subsequently sent off-site? YES or NO? Describe the type and amount of hazardous waste generated.	:he e
TYPE AMOUNT	
Examples: Contaminated MEK Cleaning Products Cleaning Products 6 spray bottles	
OTHER COMMENTS:	
	_
NOO REALEST STATE OF A	_

NOCUMENT #

Last Revised: 1/25/91 Time to complete screening: 1.25/pc	
RCRA SCREENING CHECKLIST	
Inspector: Micherus (May Primary Media:	
Date: 12/2/94 D IAD000819110	
Facility: SQUARE D CO	
Facility Address: 3700 6TH ST SW	
CEDAR RAPIDS-IA-52404	
Phone $(3 9)$ $369-643-3$	
Contact/Title: James C. JENSEN/LOSS CONTROL SPECIALIST	
SIC #: Process: MANUFACTUREN OF CIRCUIT BREAKER	3
Office Questions:	7
1) Facility description ONE Story Manufactury & all adm	/
2-Story offices & engineerly space	
2) Does facility have an EPA ID number? Yes⊠ No_#SAME	
3) What Chemical and/or Industrial Waste (CIW) streams are	
generated? (list: Name, Amount generated/month, Final	
disposition) Kylene-12den rags, 6 gallow/month, incineration (Hydrite-Cottage Gad	ve, WI):
Paint/thinner waste, 18 gal/month affsite fuel recovery (Hydrite-CottageGeore, W); part	s
cleaning solvent, 55gal/month, offsite recycling (SARETT KEEN- DAVENPORT IA); USED OIL	138921/month
I recucito obtsite i Japety- nueen - Davendoit, LA): iisen da meri es. Tulur, ustsite recyclindi	(Alter)
4) Does the facility classify any of their clw's as nazardous \	2
waste (HW)? Yes 🔀 (please note which ones are classified as HW)	continued
NO Yukue-laden rays, paint/thinner waste, partscleaning solvent, labpack chemicals, PCB	on back
5) Does the facility conduct any of the following on-site	side
activities: Treatment/Recycling/Burning/Open Dumping	
/Landfills/Surface Impoundments? Describe:	
Metralize acids & caustica Prior to Severty	
· ·	
Field Observations:	
6) Are CIW/HW stored on-site? Yes <u>⋉</u> No	
Describe (material, approximate quantity, storage method): xylox-	laden racs
25gal ousite in 35gallon accumulation drum; Paint/thinnerwaste, 45 gallbusite in	روو
Usen Oil, 330gal in 55gal drums; used batteries, 27 onsite, lab Pack chemicals, 825gals	ored in a
7) Describe condition of storage containers/tanks (open,	exel copnit
damaged, unlabeled, leaking, etc.): all containers labeled.	PCB ballasts
	3309a/4r
	Stored in 55-
8) Are incompatible wastes stored together (acids, bases,	gal drung
solvents, cyanides)? Yes No\(Describe:	2
9) Are there any signs of past spills/releases (dead or	
stressed vegetation, ground discoloration, stains)? Yes NoX	
Describe	
10) Do any of the on-site Chemical and/or CIW/HW management	
practices concern you? Yes No 🛛 Describe:	
11) Recommendations and/or Additional Observations: A site inspection	ل
was performed and 22 1993 manifosts copies were taken.	-
PHOTOS OF THE FRONT OF THE FACILITY AND ITS ASSOCIATE	h
WASTE STORAGE WERE DESTROYED & THE PHOTO PROCESS	
WITTE SINGLE WOLLE THE THE THE	 '- '

#3 CONTINUED

LAB PACK CHEMICALS, 69, 921/month incinerated; PCB ballasts, 55 gal/month disposed offsite (Dynex-Farmington Hills, MN)

UNIFORM HAZARDOUS

WASTE MANIFEST

EQUARE S CE 3700 6TH ST CEDAR RAPIDS

Generator's Phone (

Transporter 1 Company Name

Generator's Name and Mailing Address

of int or type. (Form designed for use on ente (12-pitch) typewriter.)

319,365-4631

Generator's US EPA ID No.

IA 52004-5603

IAD 000819110

Manifest Document No.

US EPA ID Number

of

C.

State Manifest Document Number

State Generator's ID

State Transporter's ID

is not required by Federal law.

Waste No

DECLII ATIONO

INSTRUCTIONS FOR COMPLETION OF THIS FORM REFER CODE OF FEDERAL

Date

Day

Date

Day

Date

Day

Year

Year

Year

estimated to a reviewing the

SAFETY-KLEEN CORP.

Year

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	UNII	FORM HAZARDOUS ASTE MANIFEST	IAD 00081911	0	0117	9	01	_		by Federal law
		enerator's Name and Mailing	Address		4		A. Sta	te Manifest D	ocument	Number
	SQL	IARE D CO							• ID	
	CET	O 6TH ST SW OAR RAPIDS	IA 524	04-5403			B. Sta	te Generator'	S ID	
	4. Ge	enerator's Phone (319)	365-4631	a HC EDA	ID Number	r	C. Sta	ite Transporte	r's ID	
		ansporter 1 Company Name		6. US EPA						386-30
	SAF	FETY-KLEEN COR	Ρ.		A ID Number	r	E. Sta	te Transporte	er's ID	
	7. Ir	ansporter 2 Company Name						ansporter's Ph		
	9. De	esignated Facility Name and	Site Address		A ID Numbe	r	G. Sta	ate Facility's I	D	
	SAF	ETY-KLEEN COR	p. 5-0	47-01			H. Fa	cility's Phone		
	DAI	JENPORT /SKB	IA 52806	IAD 0980	27592		100000000000000000000000000000000000000	9 386-		
	-			1/0/	(box)	12. Conf		13. Total	14. Unit	I. Waste No
G	11. U		Proper Shipping Name, Haz	zard Class and ID I	vumber)	No.	Туре	Quantity	Wt/Vol	
E	a.	DO MACTE	COMPOUNDS, CLEA	NING LIQU	ID		DM	~	G	D006
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	15. S IF EM	Special Handling Instructions UNDELIVERABLI MERGENCY RESPON GENERATOR'S CERTIFICA Page classified, packed, marked,	and Additional Information FRETURN TO GE! NSE#708-888-46 SKD TION: I hereby declare that the and labeled, and are in all res	NERATUR • F1 60 24HR • DT# A: e contents of this corrects in proper conce	566 B	fully and	accurately ighway acc	C: described above cording to appli	pe by proposicable inte):
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STATE OF WISC Chapter 144, Wis. Stats. Form 4400-66P

Rev. 12-91

State of Wis Department of Natural Resources Bureau of Solid Waste Mgt. Box 8094 Madison, Wisconsin 53708

FOR DNR USE ONLY

ease print or type. Form designed for use on elite (1	2-pitch) typewrite	r.	Forn	n Approv	ed. OMB No.	2050-0	039. Expires 9-30-	-92
UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's IADOOO819		Manifest Document No.	2. Pag of	IIIIOIII		n the shaded area ed by Federal law	
3. Generator's Name and Mailing Address					te Manifest			
SQUARE D COMPANY				W	I 136	142	UB	
3700 6TH ST. SW 4.650ARLRAPHDS (IAL)52406	RMER	GENCY PHONE: 319	-365-463		ite Generator	's ID		
5. Transporter 1 Company Name		6. US EPA ID Numb			te Transport	er's ID		
HYDRITE CHEMICAL CO.		IAT200010593		D. Tra	ansporter's P	hone 3	19-232-9731	
7. Transporter 2 Company Name	en.	8. US EPA ID Numb		E. Sta	te Transport	er's ID		
The state of the s	· (WID 988669	836				866-627-791	19
9. Designated Facility Name and Site Address HYDRITE CHEMICAL CO.	8	10. US EPA ID Numb	er	G. Sta	ite Facility's	ID		
COTTAGE GROVE, WI. 53527		WID000808824			cility's Phone 08-2 67-1			
11 US DOT Description (Including Proper Shi	N II	and Class and ID Name	12. Con		13. Total	14. Unit	I.	
11. US DOT Description (Including Proper Ship	pping Name, Haz	ard Class, and ID Numbe	er) No.	Type	Quantity	Wt/Vol		
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15. Special Handling Instructions and Addition AUTH#A1492-G-51595 AVOID INHALATION AND INGRESTS							*.	
16. GENERATOR'S CERTIFICATION: I here shipping name and are classified, packed, may plicable international and national governm sources. If I am a large quantity generator, I degree I have determined to be economically available to me which minimizes the present OR, if I am a small quantity generator, I have select the best waste management method	bby declare that the trked, and labeled nental regulations also certify that by practicable and the tand future three ave made a good	, and are in all respects in s and according to the re I have a program in place I have selected the pract at to human health and t faith effort to minimize r	proper condi- equirements to reduce the ticable metho the environm ny waste gen	tion for t of the W volume a od of trea ent;	ransport by h isconsin Dep and toxicity o tment, storag	ighway artmen f waste	according to ap- t of Natural Re- generated to the sposal currently	
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18. TRANSPORTER 2 Acknowledgement of R	eceipt of Material		*	-		1 .	Date	
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16. Discrepancy indication space								
20. FACILITY OWNER OR OPERATOR: Cere noted in Item 19.	tification of receip	ot of hazardous materials	covered by	this man	ifest except a	S	D-4-	_
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mergency 24 Hour Assistance Telephone Number n Wisconsin (608) 266-3232 outside Wisconsin (800) 424-8802

3- Facility send to Wis. DNR

6 - Transporter retain

Please print or type. (Form designed for use on elit

12-pitch) typewriter.)

Manifest Document No.

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Year

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INSTRUCTIONS FOR COMPLETION OF THIS FORM, REFER CODE OF FEDERAL REGULATIONS, 40, PART 262.20

Month Day

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EPA Form 8700-22 (Rev. 9-88) previous editions obsolete

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rint or type. (Form designed for us	se on elite pitch) typewriter.)	Manifest Docu	ıment No.	0 00		ation in t	he shaded areas
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WASTE MANIFEST		0118			ate Manifest Do	cument	Number
Generator's Name and Mailing	Address						
QUARE D CO 700 6TH ST SM EDAR RAPIDS	IA 52404-5	403		B. Sta	ate Generator's	s ID	
Generator's Phone (319). Transporter 1 Company Name	6.	US EPA ID Numbe	er		ate Transporte		
SAFETY-KLEEN COR	D. ILD			D. Tr	ansporter's Pho ate Transporte	one 31 9	386-3024
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SAFETY-KLEEN COR 3035 WEST 73RD S	TREET			H. Fa	cility's Phone		
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US DOT Description (Including	Proper Shipping Name, Hazard Class	s and ID Number)	12. Conta	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
HM	COMBUSTIBLE LIQUID APHTHA)NA1993 PGII).N.D.S.	10	MD	101	G	D001 D039
(ERG#27)					101	-	
				K. H	andling Codes	for Wast	es Listed Above
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. Special Handling Instructions	and Additional Information 9310	51345155	331973	5-0	47-01-3	1360	0508
IF UNDEL IVERABLE	E, RETURN TO GENERA NSE#708-888-4660 20	TOR FOR RE	CYCLE				
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. GENERATOR'S CERTIFICAT	TION: I hereby declare that the contents and labeled, and are in all respects in p	of this consignment are proper condition for train	e fully and a nsport by hig	ccurately ghway ac	cording to applic	cable inter	rnational and national
government regulations.					ated to the deare	o I have	
determined to be economically big	icticable and that mare series	OD if I am a cm	nall duantity (renerator.	I liave illaue a g	ood faith	Date
which minimizes the present and f effort to minimize my waste gener	tuture threat to human health and the environ ation and select the best waste manageme	ent method that is availab	ole to me and	that I can	afford.	0	Month Day Yea
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7. Transporter 1 Acknowledgem	ent of Receipt of Materials	Signature					Month Day Yea
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20503. 00 Budget, Washington, Regulatory Affairs, Office of Management and E R A T 0 reviewing the form. Send comments regarding the burden estimate. Washington, DC 20460; and to the Office of Information and Regul wing instructions, gathering data, and completing wing instructions, gathering data, 401 M Street, \$ reviewing in U.S. Enviro

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KTCHARD RKELLY	KINGE K KING		Date	
Transporter 1 Acknowledgement of Receipt of Materials	To:	Month E	Day	Year
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Transporter 2 Acknowledgement of Receipt of Materials	V			Year
Printed/Typed Name	Signature	Month [Day I	rear
Fillited/Typed Name				
Discrepancy Indication Space				
Facility Owner or Operator: Certification of receipt of hazardous m	aterials covered by this manifest except as noted in Item 19.			
	Cignosture	Month	Day	Year
Frinted/Typed Name	Signature	103/	091	93
LAND M. SHANNON		SAFETY-K	LEEN	CORP.
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STATE OF WISCONSIN Chapter 144, Wis. Stats. Form 4400-66P Rev. 12-91

State of Wi Department of Natural Resources Bureau of Solid Waste Mgt. Box 8094 Madison, Wisconsin 53708

FOR DNR USE ONLY

Plea	ase print or type. Form designed for use on elite (12	2-pitch) typewriter	r.		Form	Approve	ed. OMB No.	2050-00	39. Expi	res 9-3	30-92
1	UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's U IAD000819		Man Docum 0 1 1	nifest ent No.	2. Page of	IIIIOIIII		the sha		
	3. Generator's Name and Mailing Address						te Manifest I	ocume	n <u>t</u> Numl	oer	
	Square D Co.					W	I J36	429			i,
	3700 6th St. S.W. Cedar Rapids, IA 52406 4 Generators Phone (319) 365-4631	Emergency	Phone: 319 36	55-463	31	B. Sta	te Generator'	s ID			
	5. Transporter 1 Company Name		6. US EPA ID Nui			C. Sta	te Transporte	r's ID			
	Hydrite Chemical Co.		IAT 20001059	93		D. Tra	nsporter's Ph	one 31	9 232	-973	31
	7. Transporter 2 Company Name		8. US EPA ID Nu	nber			te Transporte				
						F. Tra	nsporter's Ph	one			
	9. Designated Facility Name and Site Address Hydrite Chemical Co.	3	10. US EPA ID Nui	nber		G. Sta	te Facility's 1	D			
П	114 N. Main Street					H. Fac	cility's Phone				
	Cottage Grove, WI 53527		WID 00080882	24		606	5 257-141	4			
	11. US DOT Description (Including Proper Ship			nber)	12. Conta No.	iners Type	13. Total Quantity	14. Unit Wt/Vol	Wast	I. e No.	
	a. RQ, Waste flammable solid, N		ains xylene),		_		2				
G	falammable solid, UN1325, (F	7003)			12	$D_{\parallel}M$	60	9	F, 0	0	3
E	b.										
E R								\vdash			
A T	c.						1 1 1 1		1	1 1	
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	J. Additional Descriptions for Materials Listed	Above					ndling Codes :	or was	ites List	ed Ab	ove
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l	15. Special Handling Instructions and Addition	al Information					7				
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П	Auth # A 105724-G-52317										
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	16. GENERATOR'S CERTIFICATION: I here shipping name and are classified, packed, ma plicable international and national governm sources. If I am a large quantity generator, I degree I have determined to be economically available to me which minimizes the present	rked, and labeled, nental regulations also certify that l	, and are in all respects and according to the have a program in pla	in prope require ce to red	er condit	ion for to f the W	ransport by hi isconsin Depa and toxicity of	ghway a rtment waste s	accordin of Natu renerate	g to an ural Ro d to th	p- ne-
	OR, if I am a small quantity generator, I has select the best waste management method to	ave made a good i	faith effort to minimiz	e my wa	ste gene	eration a	and				
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\prod	Printed/Typed Name & Position Title		Signature	1/1/	, ,,,,	•		- 1	1		Year
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P	James C. Boeckman	Uriver		nes	<u>U</u> .	~ ·	reckma	m	03/	ate	4-
R	18. TRANSPORTER 2 Acknowledgement of Re Printed/Typed Name & Position Title	eceipt of Material	Signature								Year
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T	19. Discrepancy Indication Space										
F A											
C	20. FACILITY OWNER OR OPERATOR: Cert	tification of receip	ot of hazardous materi	als cove	red by t	his man	ifest except a	s		-	
I	noted in Item 19.				-, -,			٢	Г	ate	
Y	Printed/Typed Name & Position Title		Signature								Year
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Copies 1 & 3 mail to Wis. DNR at above address.



STATE OF WISC Chapter 144, Wis. Stats. Form 4400-66P

State of Wi Department of Natural Resources Bureau of Solid Waste Mgt. Box 8094 Madison, Wisconsin 53708

FOR DNR USE ONLY

le	ase print or type. Form designed for use on elite (1	2-pitch) typewrite	er.		Form	Approv	ed. OMB No. 2	2050-00	39 . Expir	es 9-3	80-92
1	UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's IADO0081	US EPA ID No. 9110	Docum	nifest nent No.	2. Page of	IIIIOIIII		the shad		
	3. Generator's Name and Mailing Address Square D Co.					A. Sta	te Manifest D	ocume	nt Numb	er	
	3700 6th St. S.W.					2000	te Generator'	s ID	3 [
	3700 6th St. S.W. Cedar Rapids IA 4. Generator's Phone (310) 365-4631	Emergency	Phone: 319	365-46	31						
	or manoportor i company mano						te Transporte				
	Hydrite Chemical Co. 7. Transporter 2 Company Name		8. US EPA ID				ansporter's Ph te Transporte		19 232	-973	51
	Rambow Levelt Systems 11		W109886	69836		F. Tra	nsporter's Ph	one /	56662	1-79	19
	9. Designated Facility Name and Site Addres Hydrite Chemical Co.	s	10. US EPA ID	Number		G. Sta	ite Facility's I	D			
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77	Cottage Grove, WI 53527		WID 000808	3824	12. Conta		5 257-141	14.		Ι.	
100	11. US DOT Description (Including Proper Shi	pping Name, Haz	ard Class, and ID 1	Vumber)	No.	Type	Total Quantity	Unit Wt/Vol	Waste		
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The state of the s	A.) D001, D018 15. Special Handling Instructions and Addition Auth # A 105724-G-52317	nal Information					Drum				
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r E		RIVER	Signature	hell	/						913
	19. Discrepancy Indication Space										
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0	20. FACILITY OWNER OR OPERATOR: Cer	rtification of recei	pt of hazardous ma	terials cov	ered by t	his mar	nifest except a	s			
	noted in Item 19.				-,		•		D	ate	
Y	Printed/Typed Name & Position Title	m < 1	Signature	200	101			2000 1 1	Month 1	Day	Year
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Emergency 24 Hour Assistance Telephone Number In Wisconsin (608) 266-3232

(800) 424-8802

Outside Wisconsin

5 - Facility send to Generator 6 — Transporter retain

reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimates and very suppressions for someth, and reviewing the form of the office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

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	FORM HAZARDOUS /ASTE MANIFEST	1. Generator's US IAD 00081		0//8		2			the shaded areas d by Federal law.
370	enerator's Name and Mailing A UARE D CO OO 6TH ST SW DAR RAPIDS		52404-54	.03			State Manifest D		t Number
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	ansporter 1 Company Name		6.	US EPA ID Numb			State Transporte		
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SAF	esignated Facility Name and S FETY-KLEEN CORF 35 WEST 73RD S1	•	5-047-01				State Facility's II)	
DA	VENPORT	IA 52806	IAD	098027592	2		acility's Phone 319 386-	3024	
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	dditional Descriptions for Mater	rials Listed Above				K. H	andling Codes f	or Waste	es Listed Above
	dditional Descriptions for Mater	rials Listed Above				K. Ha	andling Codes f	or Waste	es Listed Above
1() 15. Sp 1F EMI	pecial Handling Instructions an UNDELIVERABLE ERGENCY RESPONS	d Additional Informati RETURN TO E#708-888- S	GENERATI 4660 241 KDOT# A	R.FOR REGIRE	CYCLE B:	5-0	047-01-3 C:	360 D	0508 :
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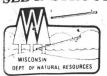
Exercing managed and competing and reviewing the 10ff... Send confinence regarding the burden southers regarding suggestions or reducing this burden, to: Chief, information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW, Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

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					12. Conta		13	i.	14.	I.
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5. Special Har IF UNDE	ndling Instructions an	d Additional Information of RETURN TO GEN BE#708-888-466 SKD	NERATOR, 60 24HR, DT# A:	FOR REC	YCLE	5-0	047-0 C:	1-33	360 D	0508
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ease print or type. (Form designe	ed for use on elite pitch) typewi	riter.)		orm Approv	ed. OMB No. 20	50-0039. Expires 9-30-94
UNIFORM HAZARDO WASTE MANIFES	US 1. Generator's US EP	A ID No. Manifest Do	ocument No.	2. Page 1 of	is not requir	in the shaded areas red by Federal law.
3. Generator's Name and M	ailing Address			A. State M	lanifest Docume	ent Number
SQUARE D CO 3700 6TH ST SE CEDAR RAPIDS 4. Generator's Phone (31	IA 52	404-5403		B. State G	enerator's ID	
5. Transporter 1 Company		6. US EPA ID Num	ber		ransporter's ID	
SAFETY-KLEEN (ORP.	ILD 05106040			orter's Phone3 i ransporter's ID	19 386-3024
7. Transporter 2 Company N	Name	8. US EPA ID Num	ber		orter's Phone	
	and Cite Address	10. US EPA ID Num	her	G. State F		
9. Designated Facility Name SAFETY-KLEEN	and the second s	047-01				
3035 WEST 73RE	STREET	IAD 09802759	2	H. Facility	's Phone	
DAVENPORT	IA 52806	TAD 03002733			386-302	
HM	luding Proper Shipping Name, H		12. Conta	I	13. 14. Total Uni uantity Wt/V	t Waste No.
a. RO MAST	TE COMBUSTIBLE LA NAPHTHA) NA 1993	1QUID, N.D.S. FGIII (BOOL)	9	DM /	01	D039
(ERG#27)	6.7 LBS./GAL		1	/		
c.						
d.						
IF UNDELIVERA	tions and Additional Information BLE, RETURN TO GI	ENERATOR FOR RE	319547 CYCLE	5-047-	-01-3360	0508
	FICATION: I hereby declare that riked, and labeled, and are in all ri	DOT# A: 501	ro fully and a	ccurately descri	hed above by pro	pper shipping name and ternational and national
government regulations. If I am a large quantity generated to be economical	erator, I certify that I have a program ally practicable and that I have select t and future threat to human health a generation and select the best waste	in place to reduce the volume and ed the practicable method of treatm	toxicity of was ent, storage, or	ste generated to r disposal currer enerator. I have	the degree I have atly available to me made a good faith	Date
Primed/Typed Name	01/	Signature	1111	11.		Month Day Yea
KICHARD	KKELLY	Kirkey	K Kell		~_ · w	Date
	dgement of Receipt of Materials					Month Day Yea
REUZW MA	RPLE	Signature	mg	ele		6 1 193 Date
18. Transporter 2 Acknowle Printed/Typed Name	dgement of Receipt of Materials	Signature				Month Day Yea
19. Discrepancy Indication	Space					
20. Facility Owner or Opera	ator: Certification of receipt of ha	azardous materials covered by	this manifest	except as no	ted in Item 19.	
Printed/Typed Name	7. Francon	Signature	nA			Month Day Yea
PA Form 8700-22 (Rev. 9-88) pre	vious editions obsolete	7	,			SAFETY-KLEEN COR



STATE OF WISC ISIN Chapter 144, Wis. Stats. Form 4400-66P

Rev. 12-91

State of Wi Department of Natural Resources Bureau of Solid Waste Mgt. Box 8094 Madison, Wisconsin 53708

FOR DNR USE ONLY

le	ease print or type. Form designed for use on elite (12	2-pitch) typewrite	r.	Fo	rm Appro	oved. OM	1B No. 2	2050-00	39. Expires 9	9-30-92
1	UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's	US EPA ID No.	Manifest Document N	lo.				the shaded a	
107	3. Generator's Name and Mailing Address SQUARE D CO.				A. S	tate Ma	nifest D	ocume	nt Number	
	3700 6TH ST. SW C4D6enerate Thomal A 52406 319 365	-4631 MMC	DITTE (210) 265.44	(2)	B. S	tate Ge	nerator's			
	5. Transporter 1 Company Name		6. US EPA ID Nui IAN: IAT2000 105	nber			insporter			
	7. Transporter 2 Company Name		8. US EPA ID Nur	nber	E. S	tate Tra	nsporte	r's ID	9-232-9731	
	9. Designated Facility Name and Site Address	3	10. US EPA ID Nur				ter's Pho cility's II		CY THU D	534
	114 H. MAIN ST. QUITNOE GROWE, WI 53527		WID 000000524			'acility's				
				12. C	506 ontainers	-257-i	1414 3.	14.	I.	
	11. US DOT Description (Including Proper Ship	- T T.		nber) No	. Туре	Qua	ntity	Unit Wt/Vol	Waste No	0.
	a. RQ, WASTE FLAMANIE SOLID, N.O.S. (C SOLID, UN 1325, (FUOD)		E), FIATARE	0,0	DM	44	His	120	F 10 10	13
	b. ASTE MILITE PLANAME LIQUID IN 130			20	DM	LILK	كالا		F0 10	13
	C. HAZAKDUS WASTE, SOLID, N.O.S., ONE	2) E, NA 9189		00	DM	0,00	75,5	6	F 10 10	12
	d.									
	J. Additional Descriptions for Materials Listed	Above			К. Н	landling	Codes f	or Was	tes Listed A	bove
1	A-B.) DOIL, DOIS (C.) DO25,0040				/ // m	- DRIM				
	15. Special Handling Instructions and Addition AUDI #A 1492-G-54324 AUDI #B 1492-G-54318	al Information	4377	Abertrages	Manuscript of a re-					
	16. GENERATOR'S CERTIFICATION: I here shipping name and are classified, packed, ma plicable international and national governm sources. If I am a large quantity generator, I degree I have determined to be economically available to me which minimizes the present OR, if I am a small quantity generator, I have	rked, and labeled nental regulations also certify that is practicable and t and future threa ave made a good	, and are in all respects and according to the I have a program in pla I have selected the prat to human health and faith effort to minimiz	in proper con requirement ce to reduce to acticable met d the environ e my waste a	dition for ts of the the volume thod of tre ment;	transpo Wiscons e and tox eatment,	ort by high in Departicity of the	ghway a rtment waste s	according to of Natural l renerated to t	ap- Re- the
	select the best waste management method t	that is available t	ON	ford.	17/				Date	V
	Trincal ryped Name & Position Title		Signature	C Lei	nee	\			Month Day	Year
	17. TRANSPORTER 1 Acknowledgement of Re	eceipt of Material							Date	
	Printed/Typed Name & Position Title		Signature		4				Month Day	Year
	18. TRANSPORTER 2 Acknowledgement of Re Printed/Typed Name & Position Title			5 11	1				Date Month Day	Year
	19. Discrepancy Indication Space	Miller	Signature C					-	1612181	43
-	20. FACILITY OWNER OR OPERATOR: Cert	ification of recein	ot of hazardous materi	als covered b	v this ma	nifest e	xcept as			
1		half of		7			- F - 20		Date	
	John BAUKIN WAYERUSK	<u> </u>	Signature	h B	auken	`			Month Day 0 6 2 8	Year
	A Form 8700-22 (Rev. 9-88) Previous editions are	obsolete.	Copy Distribution:	GeneratorGenerator		is. DNR			ty retain ty send to Gen	nerator

Emergency 24 Hour Assistance Telephone Number In Wisconsin (608) 266-3232 Outside Wisconsin (800) 424-8802

 $3-{\rm Facility\ send\ to\ Wis.\ DNR}$ COPY 5 — Copies 1 & 3 mail to Wis. DNR at above address. FACILITY SEND TO GENERATOR

U.S. Environmental Protection Agency, 401 M Street, SW, Washington, DC 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

HVIF							4		
W	FORM HAZARDOUS ASTE MANIFEST	1. Generator's US EPA II IAD 0008 19 1 1		Manifest Doo	cument No.	2. P	1 is no		n the shaded areas ed by Federal law.
SQ	nerator's Name and Mailing / UARE D CO 00 6TH ST SW	Address				A. S	tate Manifest	Documer	nt Number
CE	DAR RAPIDS nerator's Phone (319)		404-5403			B. S	tate Generato	r's ID	
5. Tra	ansporter 1 Company Name		6. US E	PA ID Numbe	er		tate Transport		
	FETY-KLEEN COR	P.		4908202 PA ID Numbe			ransporter's P tate Transport		9 386-302
7. Ira	ansporter 2 Company Name		l 03 E	PA ID Nullibe	31		ransporter's P		
9. De	signated Facility Name and S	ite Address	10. US E	PA ID Numbe	er	G. S	tate Facility's	ID	
	FETY-KLEEN CORE		047-01						
	VENFORT	IA 52806	IAD 09	8027592	2	•	acility's Phone		
					12. Conta	_	13.	14.	1.
11. US	DOT Description (Including I	Proper Shipping Name, Haza	ard Class and ID	Number)	No.	Туре	Total Quantity	Unit Wt/Vo	
a. X	(PETROLEUM N.	COMBUSTIBLE LI APHTHA)NA1993 7 LBS./GAL	PGIII(D	0.S. 001)	6	DM	47	G	D001
0.	RQ WASTE	CONBUSTIBLE LI	IQUID, N.	0.5.					D001
X	(PETROLEUM N. (ERG#27) 6.	APHTHA)NA1993 7 LBS/GAL	PGIII(D	001)	.3	DM	50	G	D039
D.									
d.									200
14	ditional Descriptions for Mate	rials Listed Above				K. Ha	indling Codes	for Wast	es Listed Above
1 (d)	A) D018 B) D018 ecial Handling Instructions ar	nd Additional Information							
16. Sp. IF. EMI	A) D018 B) D018 ecial Handling Instructions ar UNDELIVERABLE ERGENCY RESPONS	Additional Information ASSE 8708-888-466	NERATOR 50 24HR . DT# A:	FOR REC	YCLE	5-0 585	047-01-: C:	3360	0508
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	FORM HAZARDOUS VASTE MANIFEST	1. Generator's US EPA		Manifest Doc	ument No.	2.			the shaded ard by Federal la
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	UARE D CC	Addiess							
	OO ETH ST SW DAR RAPIDS	7.5	2404-5403			B. 5	State Generator	's ID	
1	enerator's Phone (319)								
5. Tra	ansporter 1 Company Name		6. US EP	'A ID Numbe	er		State Transport		
	FETY-KLEEN COR ansporter 2 Company Name	F.	And the second s	908202 A ID Numbe			ransporter's Plate Transporter		S 386-3
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SAI	FETY-KLEEN COR 35 West 73RD s		-047-01			и г	Facility's Phone		
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11 110	S DOT Description (Including	Proper Shipping Name H	azard Class and ID	Number)	12. Cont		13. Total	14. Unit	I. Waste No
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	3	Generator's Name and Mailing Address				A. St	ate Mai	nifest Do	ocument	Number	G.
		SQUARE D COMPANY	oids IA 5240	6		B. St	ate Ger	nerator's	i ID		
	4	Generator's Phone (319) 365–4631						1945 J			
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Ш		C.K.C., Incorporated CAD	9 8 0 5 8 4 US EPA ID Numbe		10			nsporte		08) 627-	2595
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Teviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden, to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW, Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

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SCONSIN OF NATURAL RESOURCES

side Wisconsin

(800) 424-8802

Chapter 144, Wis. Stats. Form 4400-66P

State of Wisconsi Department of Natural Durces Bureau of Solid and Hazardous Waste Mgt. Box 8094 Madison, Wisconsin 53708

FOR DNR USE ONLY

3e print or type. Form designed for use on elite (1	2-pitch) typewriter	r.		Form	Approv	ed. OMB l	No. 2050	-0039. Expires 9	-30-94
UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's I IAD0008191		Docu	anifest ment No.	2. Pag			in the shaded a red by Federal	
3. Generator's Name and Mailing Address SQUARE D CO 3700 6TH ST SW				14. 14.	W	I J4	545	ment Number	
CPDAR RAP IDS 4 152406 -4631	EMERGENCY P	HONE 319-365-	4631		B. Sta	ite Genera	itor's ID		
5. Transporter 1 Company Name		6. US EPA ID N	umber			te Transp			
HYDRITE CHEMICAL CO	8	IAT 2000 105						319-232-9	731
7. Transporter 2 Company Name		8. US EPA ID No			E. Sta	te Transp	orter's I	D	6
Rainbun Light Sytems		La 10 988669			F. Tra	nsporter's	s Phone	1860-677-1	2/7
9. Designated Facility Name and Site Address HYDRITE CHEMICAL CO 114 N. MAIN ST	8	10. US EPA ID N	umber			ate Facilit			
COTTAGE GROVE, WI 53527		WID 00080882	4			O Company			
				12. Conta		-257-1 13.	14 Un		$\overline{}$
11. US DOT Description (Including Proper Shi	pping Name, Haze	ard Class, and ID Nu	ımber)	No.	Type	Total Quantit	y Wt/\).
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3 UN 1307			:	7	D M	(A) 1	1 1 4 2	F IN IN	18
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d.									
J. Additional Descriptions for Materials Listed	Above				К. На	ndling Co	des for V	Vastes Listed A	bove
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OR, if I am a small quantity generator, I h select the best waste management method	ave made a good t that is available t	o me and that I can	afford.	waste gen	eration a	and	>	Date	
Printed/Typed Name & Position Title		Signature		4/31/				Month Day	Year
	411000		11	1				10/11	20
17. TRANSPORTER 1 Acknowledgement of R	eceipt of Material	s						Date	
Printed/Typed Name & Position Title	. Pat	Signature	4		d			Month Day	Year
18. TRANSPORTER 2 Acknowledgement of R	eceipt of Material	s		~A				Date	
Printed/Typed Name & Position Title		Signature	٠,	111				Month Day	Year
SLENN MCULLOCH 19. Discrepancy Indication Space	ZIVER	V	n lu	MA				1019	713
20. FACILITY OWNER OR OPERATOR: Cer noted in Item 19.	tification of receip	ot of hazardous mate	rials co	vered by t	his man	nifest exce	pt as		
Printed/Typed Name & Position Title		Signatura		A				Date Month Day	Year
Serve Power & Position Title	House	Signature	js	15 W	112			Month Day	1001
Form 8700-22 (Rev. 9-88) Previous editions are	-	Copy Distribution:	1 — Ge	nerator sen		. DNR	4 — Fs	cility retain	7
rgency 24 Hour Assistance Telephone Number Visconsin (608) 266-3232			2 — Ge 3 — Fa	nerator ret	ain to Wis. D	NR	5 — Fa	acility send to Gen ansporter retain	nerator

FACILITY SENT TO GENERATOR

	government regulations.	, , , , , , , , , , , , , , , , , , , ,			
	If I am a large quantity generator, I certify that I have a program in place to redetermined to be economically practicable and that I have selected the practic which minimizes the present and future threat to human health and the environment.	able method of treatment, storage, or disposal currently available to me			
	effort to minimize my waste generation and select the best waste managemen	t method that is available to ple and that I can afford.		Date	
	Printed/Typed Name	Signature / Oll OFITTILE OF SUID	Month	Day	Year
V	RICHARD K KELLY	Ku how & KILLI	110	119	193
TR	17. Transporter 1 Acknowledgement of Receipt of Materials			Date	
AN	Printed/Typed Name	Signature 1	Month	Day	Year
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OR		-4		Date	
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	19. Discrepancy Indication Space				

20.	Faci	HITY OV	vner or Opera	ator: Cer	rtification	of	receipt of hazardous	materials cove	red by this	manifest	except as no	ted in Item 19.
/	Prin	ted/Ty	ped Name	00		/		Signature		1		-

EPA Form 8700-22 (Rev. 9-88) previous editions obsolete

This includes time for olicy Branch, PM-223,

transporters, and 10 minutes for treatment, storage and disposal facilities. This ate, including suggestions for reducing this burden, to: Chief, Information Policy signlatory Affairs, Office of Management and Budget, Washington, DC 20503.

for transporters, and to transfer and suggestions for the additional Affairs, Office of I

e: 37 minutes for generators, 15 minutes i Send comments regarding the burden esti 460; and to the Office of Information and

e form. Send DC 20460;

s estimated to average: 3 d reviewing the form. Sen /, Washington, DC 20460

Journal burden for this collection of information is tinstructions, gathering data, and completing and romental Protection Agency, 401 M Street, SW,

reviewing instruction U.S. Environmental

Day 19 10 SAFETY-KLEEN CORP

Month

Year

reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden, to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW, Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

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3. Generator's Name and Mailing SQUARE D CD	Address				Α.	State Ma	anifest D	ocumer	nt Number
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5. Transporter 1 Company Name		6. US	EPA ID Num	ber	C. :	State Tra	ansporte	r's ID	***************************************
SAFETY-KLEEN CORE	P.		490820						9 386-30
7. Transporter 2 Company Name		8. US	EPA ID Num	ber		State Tra			
Designated Facility Name and S	Site Address	10. US	EPA ID Num	ber	_	State Fa			
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Public reporting burden for this collection of information is estimated to average: 37 minutes for transporters, and to minutes for transporters, and its including suggestions for reducing this burden, to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW, Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

ase print	7-01 or type. (Form designed for u	se on (12-pitch) typewr	iter.)			Form A	approved. OMB I	No. 2050	-0039. Expires 9-30
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	enerator's Name and Mailing	Address			,	A. St	ate Manifest De	ocumen	t Number
5 Q	UARE D CO 00 6TH ST SW	~							
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D.	RQ WASTE	COMBUSTIBLE	IQUID.	N.O.S.		W		-	D001
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	A) D018								
10	B) D018								
15. Sp	pecial Handling Instructions a	nd Additional Information	5758 6	2480892		5 5-0	A7-01-3	360	0508
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16. GE	ENERATOR'S CERTIFICATION of classified, packed, marked, and	N. I hereby declare that the	e contents of thi	s consignment are	fully and a	ccurately d	lescribed above I	oy proper	shipping name and
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EPA Form 8700-22 (Rev. 9-88) previous editions obsolete

SAFETY-KLEEN CORP. 6

RCRIS HANDLER INFORMATION This form completed on 2/2/94 (date) by (name of person completing form) Employer), Tes Pera Contractor. Instructions for completing form: Completion of all items in BOLDFACE is REQUIRED; completion of other items is optional, subject to the availability of the information. EPA RCRA ID NUMBER: IA IAD000819110 SQUARE D CO 1. NAME OF INSTALLATION 3700 6TH ST SW CEDAR RAPIDS-IA-52404 2. LOCATION OF INSTALLATION (PHYSICAL ADDRESS, NOT PO BOX OR RURAL ROUTE NUMBER; ADDRESS MUST BE SPECIFIC; IF NECESSARY, INCLUDE DIRECTIONS ON HOW TO FIND THE INSTALLATION) - EXAMPLES OF UNACCEPTABLE INSTALLATION ADDRESSES ARE: "Box 47," "RR #3,"	
"Curtis Ave," "Hwy 49 West" - EXAMPLES OF ACCEPTABLE ADDRESSES ARE: "123 Main St," "1 mile west of Hwy 6 on County Road EE," "J 12," "NW corner of Jackson and Jefferson Streets" STREET ADDRESS: CITY/ZIP CODE: 3. INSTALLATION MAILING ADDRESS(IF SAME AS LOCATION ADDRESS, WRITE "SAME"): STREET ADDRESS: DO BOX 3009	
CITY/ZIP CODE: CKOPIZ RAPIDS , IA 52406-3069	
4. INSTALLATION CONTACT PERSON: Name: JIM JENSEN Title: LOSS CONTROL MAJAGES Telephone Number: Area Code (319) 3(09-6433 Street Address: SAME as #1 City/Zip Code: , IA 5. OWNERSHIP INFORMATION: CO GROUP SN	Da
Name of Installation's Legal Owner: SQUARE D +AK. Street Address: Executive Offices, Executive Plaza, 1455. Rosel City/Zip Code: DALATINE EII, IA 60067 Telephone Number: Area Code (708) 397-2600	
6. RCRA REGULATED ACTIVITY APPARENTLY BEING CONDUCTED AT SITE (CHECK ALL THAT APPLY) Lack All That APPLY) Hazardous waste generationHazardous waste transportationConditionally exempt small quantity generatorTransports waste for self onlyC Small quantity generatorTransports waste for hireLarge quantity generatorOther: (specify)	

RCRIS Para entered
BY TOP ANRPSEE
ON 3/13/97

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY CONFIDENTIALITY NOTICE

Facility Name	SQUARE D CO	
Facility Address	3700 6TH ST SW CEDAR RAPIDS, IA 52404	
Inspector (print)	Title	
Michael Max	DVIIRanmontal ?	ENGINEER
U.S.EPA, Region VII, RCRA/IOWA, 726	•	Date 12/2/94

It is possible that the United States Environmental Protection Agency (EPA) will receive public requests for release of the information obtained during inspection of the facility above. Such requests will be handled by EPA in accordance with provisions of the Freedom of Information Act (FOIA), 5 U.S.C. 552; EPA regulations issued thereunder, 40 CFR Part 2; and the applicable statute under which the information is obtained. EPA is required to make inspection data available in response to FOIA requests, unless the Agency determines that the data contains information entitled to confidential treatment.

Any or all of the information collected by EPA during the inspection may be claimed confidential, if it relates to trade secrets or commercial or financial matters that you consider to be confidential. If you make claims of confidentiality, EPA will disclose the information only to the extent, and by the means of the procedures set forth in the regulations (cited above) governing EPA's treatment of confidential information.

To claim information confidential, you must certify that each claimed item meets \underline{all} of the following criteria (40 CFR 2.208):

- 1. Your company has taken measures to protect the confidentiality of the information, and it intends to continue to take such measures.
- 2. The information is not, and has not been, reasonably obtained without your company's consent by other persons (other than governmental bodies) by use of legitimate means (other than discovery based on showing special need in a judicial or quasi-judicial proceeding).
- 3. The information is not publicly available elsewhere.
- 4. Disclosure of the information would cause substantial harm to your company's competitive position.

<u>In addition</u>, within fifteen (15) calendar days of the claim, you must provide written comments in support of the claim, based on factors listed in 40 CFR 2.204(e)(4). This statement should be mailed by registered, return-receipt requested mail to the Inspector at the address listed above. Failure to submit comments by this deadline will be deemed a waiver of the claim pursuant to 40 CFR 2.205(d)(1).

At the completion of the inspection, you will be given a receipt for all materials collected. At that time you may make claims that some or all of the information is confidential and meets the criteria listed above.

U.S.EPA INSPECTION CONFIDENTIALITY NOTICE (cont.)

Facility Name	SQUARE D CO	
Facility Address	3700 6TH ST SW CEDAR RAPIDS, IA 52404	

If you are <u>not</u> authorized by your company and there is no one on the premises of the facility who is authorized to make confidentiality claims, this notice will be sent by certified mail, along with the receipt for documents, samples, and other materials, to the authorized representative designated below.

Authoriz	ed Representative
Title	
Address	

If the authorized representative listed above requests confidential treatment, they must return a statement specifying any information which should receive confidential treatment and written comments in support of the claim based on factors listed in 40 CFR 2.204(e)(4).

This statement from the authorized representative should be mailed by registered, return-receipt requested mail within fifteen (15) calendar days of receipt of the Confidentiality Notice to the Inspector at the address listed on page 1.

Failure to submit confidentiality claims and comments within the fifteen (15) day period will be deemed a waiver of the claim pursuant to 40 CFR 2.205(d)(1).

To be completed by the facility official receiving this Notice:

I have received and read this Notice.

Facility Representative Provided Notice (print)	Title
Times C TENSEN	LOSS CONTrol
Signature/Date January	12/2/94
(rev:1/20/93)	

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REQUEST FOR CONFIDENTIAL TREATMENT

Facility Name	SQUARE D CO	
Facility Address	3700 6TH ST SW CEDAR RAPIDS, IA 52404	
Information for whic	h confidential treatment is requested:	
	NONE CLAIMED	

Acknowledgement of Claimant

The undersigned requests that confidential treatment of the information described be provided in accordance with provisions of the Freedom of Information Act (FOIA), 5 U.S.C. 552; EPA regulations issued thereunder, 40 CFR Part 2; and the applicable statute under which the information is obtained. The undersigned further acknowledges that they are authorized to make such claims for their firm.

The undersigned also certifies that each claimed item described above meets all of the following criteria (40 CFR 2.208):

- 1. Your company has taken measures to protect the confidentiality of the information, and it intends to continue to take such measures.
- 2. The information is not, and has not been, reasonably obtained without your company's consent by other persons (other than governmental bodies) by use of legitimate means (other than discovery based on showing of special need in a judicial or quasi-judicial proceeding).
- 3. The information is not publicly available elsewhere.
- 4. Disclosure of the information would cause substantial harm to your company's competitive position.

<u>In addition</u>, within 15 days of your claim, you must provide written comments in support of the claim, based on factors listed in 40 CFR 2.204(e)(4). Failure to submit comments by this deadline will be deemed a waiver of the claim pursuant to 40 CFR 2.205(d)(1).

Authorized Representative (print) Signature/Date Fames C Fewson Signature/Date 12/2/94
No confidential treatment claimed during the inspection: (Facility Representative's initials)
Inspector (print) Signature/Date May 12/2/94
U.S.EPA, Region VII, RCRA/IOWA, 726 Minnesota, Kansas City, KS 66101

(rev:1/20/93)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY RECEIPT FOR DOCUMENTS AND SAMPLES

Facility Name	SQUARE D CO
Facility Address	3700 6TH ST SW CEDAR RAPIDS, IA 52404
Documents Collected? Y	ES (list below) NO
Samples Collected? YES	(list below) NO Split Samples: YES NO
Documents/Samples were	: 1)Received no charge 2)Borrowed 3)Purchased
Amount Paid: \$	Method: Cash Voucher To Be Billed
The documents and samp the administration and information is obtaine	les described below were collected in connection with enforcement of the applicable statute under which the d.
Receipt for the docume acknowledged:	nt(s) and/or sample(s) described below is hereby
	2.2
	22 - 1993 MANIFESTS -
Facility Representative (pri	nt) Signature/Date
FAMO-C-TENSON /	Janes Lauren 12/2/94
Inspector (print)	Signature/Date NAY 12/2/94
	, 726 Minnesota, Kansas City KS 66101
(rev:1/20/93)	